

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2004 - JUNE 30, 2005**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2005 AUG -9 PM 3:33

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health & Human Services

Division/Unit: Northeast Family Resource Center

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	4	Hours	256	X	\$17.55	=	\$4,492.80
----------	---	-------	-----	---	---------	---	------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Duties include: Answering phones, subfiles and copying, picking-up and sorting mail.

Also, deliver messages, assemble packets, labeling subfiles, assisting in Reception,
running cases to workers and other miscellaneous tasks.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	10	Hours	3,186	X	\$17.55	=	\$55,914.30
----------	----	-------	-------	---	---------	---	-------------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Duties include: Answering phones, subfiles and copying, picking-up and sorting mail.

Also, deliver messages, assemble packets, labeling subfiles, assisting in Reception,
running cases to workers and other miscellaneous tasks.

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					<u>\$0.00</u>
					<u>\$0.00</u>

No. Vol.	0	Total Hours	0	Total Value	\$0.00
----------	---	-------------	---	-------------	--------

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Not applicable.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>4</u>	<u>256</u>	<u>\$4,493</u>
<u>10</u>	<u>3,186</u>	<u>\$55,914</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	14	Total Hours	3442	Total Value	\$60,407.10
----------------	-----------	--------------------	-------------	--------------------	--------------------

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours X Rate

\$0.00

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

\$0.00

0000000000

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$0.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$60,407.10

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$0.00

TOTAL PROGRAM BENEFIT:

\$60,407.10

0000006

6. RECRUITING:

Please describe your recruiting programs:

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. GENERAL INFORMATION:

Name of person completing report: Karen Bebb

Phone: 668-5580 Mail Stop: W-89 E-Mail: karen.bebb@sdcounty.ca.gov

Volunteer Coordinator: Karen Bebb

Phone: 668-5580 Mail Stop: W-89 E-Mail: karen.bebb@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

8.10.05
DATE

000007